

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
*JUN 26 2002*

1. TRANSMITTAL NUMBER:  
**02-013**

2. STATE  
Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
April 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$112,000  
b. FFY 2003 (\$417,000)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A  
Pages 3-1, 3-2, 3a-1  
Attachment 3.1-B  
Pages 3-2,3-3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 3.1-A  
Pages 3-1, 3a-1  
Attachment 3.1-B  
Page 3-2

*Washington (02-013)*  
*approved: 07/11/03*  
*effective: 04/01/03*

10. SUBJECT OF AMENDMENT:

Home Health Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Dennis Braddock*

13. TYPED NAME:  
DENNIS BRADDOCK

14. TITLE:  
Secretary

15. DATE SUBMITTED:

16. RETURN TO:

Department of Social and Health Services  
Medical Assistance Administration  
623 8<sup>th</sup> St SE MS: 45500  
Olympia, WA 98504-5500

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: *JUN 26 2002*

18. DATE APPROVED: *JUL 11 2003*

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

*APR - 1 2003*

20. SIGNATURE OF REGIONAL OFFICIAL:

*LSI*

21. TYPED NAME:

*Loren S. O'Connor*

22. TITLE:  
Associate Regional Administrator

23. REMARKS:

Division of Medicaid &  
Children's Health

*POSTMARKED: 6/25 : Olympia*  
*(DATE) (CITY/STATE)*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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## 6.b Optometrists' Services

- (1) Limited to 1 refraction in a 12-month period unless medically indicated.

## 6.d Other Practitioners' Services

- (1) Psychologists  
Psychological evaluation performed by a psychologist requires prior approval.  
Treatment by a psychologist is not provided.
- (2) Respiratory therapists and technicians.  
Services of certified respiratory therapists and respiratory technicians in a home or in a nursing facility require medical consultant approval.
- (3) Nurse practitioner clinics  
Agreements with nurse practitioner clinics on an individualized basis.  
Payment is at a fixed rate. Only limitation is in services the clinic is equipped to provide.
- (4) Denturists  
Practice in accordance with the limitations prescribed in state law.

## 7. Home health care services

- a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.
  - (1) Applies to home health agency and to services provided by a registered nurse when no home health agency exists in the area.
  - (2) Approval required when period of service exceeds limits established by the single state agency.
  - (3) Nursing care services are limited to:
    - (A) Services that are medically necessary;
    - (B) Services that can be safely provided in the home setting;
    - (C) Two visits per day (except for the services listed below);
    - (D) Three high-risk obstetrical visits per pregnancy; and
    - (E) Infant home phototherapy that was not initiated in the hospital setting.
  - (4) Exceptions are made on a case-by-case basis.

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7. Home health care services (continued)

b. Home health care services provided by a home health agency.

Home health aide services must be:

- (1) Intermittent or part time;
- (2) Ordered by a physician on a plan of care established by the nurse or therapist;
- (3) Provided by a Medicare-certified home health agency;
- (4) Limited to one medically necessary visit per day; and
- (5) Supervised by the nurse or therapist biweekly in the client's home.
- (6) Exceptions are made on a case-by-case basis.

c. Medical supplies, equipment and appliances suitable for use in the home.

Medical supplies, equipment and appliances must be:

- (1) Medically necessary;
- (2) Ordered by the Physician; and
- (3) In the plan of care.

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7. Home health care services (continued)

- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Therapies are limited to:

- (1) Clients who are not able to access their care in the community; and
- (2) To medically necessary care.
- (3) When physical therapy and occupational therapy are both medically necessary during the same certification period in order to meet the client's physical or occupational therapy needs, the physician must document on the plan of care that the services are distinctly different and not duplicated.
- (4) Exceptions are made on a case-by-case basis.

8. Private duty nursing services

- a. Require prior approval.
- b. Must be provided by a registered nurse or licensed practical nurse.
- c. Must be under the direction of a physician.
- d. Limited to a non-institutional setting.

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## 7. Home health services

- a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.
- (1) Applies to home health agency and to services provided by a registered nurse when no home health agency exists in the area.
  - (2) Approval required when period of service exceeds limits established by the single state agency.
  - (3) Nursing care services are limited to:
    - (A) Services that are medically necessary;
    - (B) Services that can be safely provided in the home setting;
    - (C) Two visits per day (except for the services listed below);
    - (D) Three high-risk obstetrical visits per pregnancy; and
    - (E) Infant home phototherapy that was not initiated in the hospital setting.
  - (4) Exceptions are made on a case-by-case basis.
- b. Home health care services provided by a home health agency.

## Home health aide services must be:

- (1) Intermittent or part time;
- (2) Ordered by a physician on a plan of care established by the nurse or therapist;
- (3) Provided by a Medicare-certified home health agency;
- (4) Limited to one medically necessary visit per day; and
- (5) Supervised by the nurse or therapist biweekly in the client's home.
- (6) Exceptions are made on a case-by-case basis.

- c. Medical supplies, equipment and appliances suitable for use in the home.

## Medical supplies, equipment and appliances must be:

- (1) Medically necessary;
- (2) Ordered by the Physician; and
- (3) In the plan of care.

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7. Home health services (continued)

c. Medical supplies, equipment and appliances suitable for use in the home.

All of the following apply to durable medical equipment (DME) and related supplies, prosthetics, orthotics, medical supplies and related services suitable for use in the home:

- (1) Purchase of equipment and appliances and rental of durable medical equipment require prior approval.
- (2) Must be billed separately under a DME provider number.
- (3) Are subject to the requirements in Washington Administrative Code.
- (4) Specific reusable and disposable medical supplies, prosthetics, orthotics, and non-durable equipment which have set limitations, require prior approval (PA) to exceed those limitations.

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

- (1) Provided by a Medicare-certified home health agency. A medical rehabilitation facility must subcontract with a Medicare-certified home health agency in order to provide services in the client's home and bill for those services.
- (2) Limited to clients who cannot receive their medically necessary care in the community, and meet one of the following:
  - (A) The client has an acute care need, has not attained a satisfactory level of rehabilitation, and requires frequent intervention; or
  - (B) The client is not medically stable.

TN# 02-013  
Supercedes  
TN# -----

Approval Date: JUL 11 2003

Effective Date: 4/1/02